

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044178

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11517

STATE FILE NUMBER

FILED DEC 7 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis

Length of stay in 1b

6 Days

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

admission)

c. CITY

OR  
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Jewish Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2710 So. Grand

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Callie

Lilly

England

4. DATE  
OF  
DEATH

Month

Day

Year

Nov.

29,

1962

## 5. SEX

F

## 6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

1/20/81

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

None

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Calvin Dutton

## 13b. MOTHER'S MAIDEN NAME

Mary E. Masson

## 14. NAME OF HUSBAND OR WIFE

Wm. R. England

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Ross England

Address

7631 Carlswood  
Clayton, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Peritonitis

INTERVAL BETWEEN  
ONSET AND DEATH

4 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Carcinoma (perforated) of Colon

Several months

## DUE TO (c)

153.8

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.

## Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from Nov. 24, 1962 to Nov 29, 1962 and last saw her alive on Nov 28 - 1962

Death occurred at Jewish Hospital, St. Louis, Mo. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

J. P. Lawrence, M.D.

(Degree or title)

## 22b. ADDRESS

4500 Olive

## 22c. DATE SIGNED

11/29/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

12/1/62

## 23c. NAME OF CEMETERY OR CREMATORY

Bellefontaine

## 23d. LOCATION (City, town, or county)

St. Louis,

Mo.

## (State)

## 24. FUNERAL DIRECTOR

Mothershead,

## ADDRESS

DeSoto, Mo.

## 25. DATE RECD. BY LOCAL REG.

NOV 30 1962

## 26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1

2 2/6

3

4 1

5 2

6

7 0

8 1

9

10

11

12 64-0

13

64

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Andrew H. Englund

Licensed Embalmer No. 4745

P. O. Address De Soto, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.